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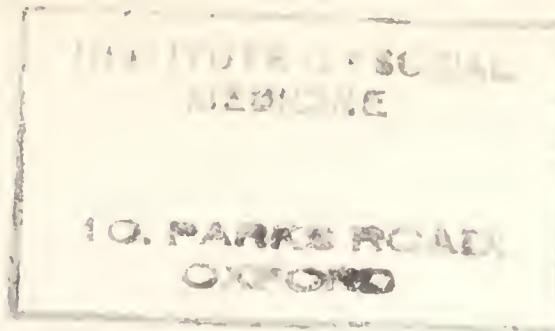
INSTITUTE OF SPECIAL
MEDICINE

10, PARKS ROAD,
OXFORD

THE HEALTH OF THE SCHOOL CHILD IN DORSET

ANNUAL REPORT
of the
County School Medical Officer
for the year
1950

A. A. LISNEY, M.A., M.D., D.P.H.



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CONTENTS

FOREWORD	3
REPORT	4
STATISTICAL APPENDIX		25
INDEX	30

FOREWORD

I am pleased to be able to issue this Report much earlier than was the case last year, chiefly as the result of a more stabilised administration. The upheaval of the war years, and the many changes brought about as the result of the inception of the National Health Service Act, delayed the return to a normal routine until new problems were mastered and ceased to be a time consuming factor.

In previous reports I stressed the deplorable circumstances which had arisen as the result of the dissolution of the school dental service caused by a diminishing dental staff, who were taking up much more remunerative work in the general dental service. The position continues to deteriorate, and if it is to be retrieved it must be tackled energetically on a national basis. The fact that the school child population has risen by 675 during the year underlines the urgency of the matter.

Dorset was the first authority in the country to provide a school dental scheme in a rural area, and until two years ago it had reached a high degree of efficiency. It is nothing less than tragic that the implementation of an Act which was designed to improve the health of the nation as a whole, should have the effect of depriving our school children of adequate dental facilities.

An oral hygienist was appointed during the year, but this does not improve the position regarding dental treatment, which can only be carried out by qualified dental officers.

The orthopaedic service, which was administered on an agency basis by the County Health Department for the Regional Hospital Board, was fully taken over by them in 1950. Gratitude is due to Miss Forrester Brown, orthopaedic surgeon and her staff for conducting a very efficient county service over a number of years; the County Council can be justly proud of the orthopaedic facilities provided in the past under her energetic guidance.

One of the changes resulting from the transfer to the Regional Hospital Board is that the Orthopaedic Hospital, Bath, no longer provides in-patient orthopaedic treatment, long-term cases now being admitted to the Lord Mayor Treloar Orthopaedic Hospital, Alton, and the Swanage Children's Hospital.

Delay in the appointment of a psychiatrist to replace Dr. Fenton Russell, who left at the end of 1949, resulted in almost a complete lack of child guidance facilities in the county during the following year. The Regional Hospital Board were, however, able to fill the vacancy in December last and the newly appointed officer will take up his duties early in 1951. In the meantime, an educational psychologist was appointed by the County Council and commenced duties in August.

'Penwithen' hostel for maladjusted children provided by the County Council was opened during the year and will serve a very useful purpose in conjunction with the child guidance service.

Of considerable interest is the gradual decline in verminous conditions found in school children during recent years, details of which are given under the appropriate section of this Report. The considerable rise in the incidence of scabies during the war fortunately did not persist, and this condition is now only very rarely found in school children.

It may be significant that the nutrition of the adolescent age group has fallen by ten per cent in category 'A' during the year, as will be seen in the table giving details of the nutritional assessment. The sickness rate amongst adults has tended to increase during recent years, and if this is a reflection of the lack of sufficient essential elements in the national diet it is only to be expected that sooner or later the children, particularly those in the older age group, will share with their elders the same manifestations of a deficient diet.

My deputy, Dr. J. L. Gilloran, left to take up a similar appointment in Cumberland during October and his place has been taken by Dr. A. F. Turner. Both to him, and Mr. V. W. V. Clarke who prepared the statistical details, I am indebted for the compilation of this Report. My thanks are also due to the assistant school medical officers, dental officers and staff of the school health section of the Health Department for their loyal and efficient support during the year.

A. A. LISNEY,

County School Medical Officer.

March, 1951.

STAFF OF THE SCHOOL HEALTH SERVICE

School Medical Officer.

County Medical Officer of Health.

LISNEY, A. A., M.A., M.D., D.P.H.

Deputy School Medical Officer.

Deputy County Medical Officer of Health.

GILLORAN, J. L., M.B., CH.B., D.P.H. (Resigned 30/9/50).

TURNER, A. F., M.B., B.CH., D.P.H. (Appointed 1/12/50).

Senior Assistant County Medical Officer.

SCOTT, A. G., M.B., CH.B., D.P.H. (Appointed 4/12/50).

Assistant School Medical Officers.

Assistant County Medical Officers.

ARMIT, A., M.B., CH.B., D.P.H.

BLAKER, P. S., M.R.C.P., M.R.C.S., D.P.H. (Temporary). (Resigned 31/3/50).

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

LAWRENCE, I. B., B.SC., M.B., CH.D., M.R.C.S., L.R.C.P., D.P.H.

MAYES, J. B. M., M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (Commenced 1/1/50).

O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

SCOTT, G. B., D.S.O., M.R.C.S., L.R.C.P. (Temporary).

School Dental Officer.

PRETTY, P. J., L.D.S.

Assistant School Dental Officers.

HODGES, W. V. A., L.D.S.

MCDONALD, MRS. S., L.D.S.

Consultant Psychiatrist.

Vacant.

Educational Psychologist.

TAYLOR, R. J. M., M.A., B.ED. (Commenced 1/8/50).

Psychiatric Social Worker.

FILLITER, MISS A.

Superintendent Health Visitor.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., HV.CERT.

BIRCH, MRS. L. M., S.R.N., S.C.M., H.V.CERT. (Commenced 2/10/50).

BADSWORTH, MISS M. G., S.R.N., S.C.M., H.V.CERT.

BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

KENNEDY, MISS G. E. M., S.R.N., S.C.M., H.V.CERT.

KEOHANE, MISS M. E., S.R.N., S.C.M., H.V.CERT.
LLOYD PRYCE, MRS. M. M., S.R.N., S.C.M., H.V.CERT.
MACK, MISS O., S.R.N., S.C.M., H.V.CERT.
MASTERS, MRS. E. S., S.R.N., S.C.M., H.V.CERT.
MULLALLY, MISS M. M., S.R.N., S.C.M., H.V.CERT. (Resigned 30/6/50).
O'BRYEN HODGE, MISS M., S.C.M., H.V.CERT.
READ, MISS L. M., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT.
WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT. (Commenced 8/5/50).

Speech Therapists.

O'DRISCOLL, MISS N. M., L.C.S.T.
BARTELS, MISS M., L.C.S.T. (Commenced 1/2/50).

Oral Hygienist.

MURTON, MRS. V.

Dental Attendants.

GILL, MRS. M. C. H.
HICKS, MISS P. (Resigned 20/4/50).
MACKINNON, MRS. L.
PALEY, MISS D. (Resigned 22/4/50).
WOOD, MISS A. B.

Poole Excepted Area.

School Medical Officer.

Poole Area Medical Officer.

CHESNEY, G., M.D., B.CH., B.A.O., D.P.H.

Deputy School Medical Officer.

Assistant County Medical Officer.

SINCLAIR, J. A., M.B., B.CH., D.P.H.

Assistant School Medical Officers.

Assistant County Medical Officers.

BLAKER, P. S., M.R.C.P., M.R.C.S., D.P.H. (Temporary).
MACKENZIE, A. C., M.D., B.CH., D.P.H. (Resigned 30/4/50).

School Dental Officer.

RIMMER, W. K., L.D.S.

Assistant School Dental Officers.

ALLEN, R., L.D.S.
THOMAS, C. E., L.D.S. (Commenced 16/1/50).

Superintendent Health Visitor and School Nurse.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.
DAVIES, MRS. B. M., S.R.N., S.C.M., H.V.CERT. (Resigned 31/5/50).
HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT. (Commenced 1/8/50).
KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.
KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.
LEVER, MISS L. B., S.R.N., S.C.M., R.F.N.
MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT. (Resigned 31/3/50).
NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.
PHILLIPS, MISS M., S.R.N., S.C.M., H.V.CERT.
PORTER, MISS K. F., S.R.N., S.C.M., R.F.N., H.V.CERT. (Commenced 1/8/50).
STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Dental Attendants.

FORREST, MISS G.
MATTINSON, MRS. E. T.
NICHOLLS, MISS R. N.

South Dorset Divisional Executive.

School Medical Officer.

South Dorset Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Assistant School Medical Officer.

Assistant County Medical Officer.

WARD, C. A. G., M.B., B.S., M.R.C.S., L.R.C.P.

School Dental Officer.

Vacant.

School Nurses and Health Visitors.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.
BROCK, MISS L., S.R.N., S.C.M., H.V.CERT.
GILLHAM, MISS K. B., S.R.N., S.C.M., H.V.CERT. (Commenced 8/5/50).
HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT. (Commenced 2/10/50).
RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.
SUNDERLAND, MISS D., R.S.C.N., S.R.N., S.C.M., H.V.CERT.

Dental Attendant.

KITCHEN, MRS. M. E.

POPULATION

The population of Dorset for 1950, as estimated by the Registrar-General has not yet been received, though it is anticipated his figure will show a further increase.

Schools and Scholars.

At the end of 1950 there were 257 maintained schools in the County. The types of schools can be seen from the following table:—

Type.		Weymouth.	Poole.	County.	Total.
Primary	...	...	26	22	176
Secondary Modern	...	...	4	6	6
Grammar	...	...	2	2	13
		—	—	—	—
		32	30	195	257
		—	—	—	—

The average numbers of children on the school registers during the month of September, 1950, were as follows:—

Area.	Primary.	Secondary Modern.	Grammar.	Total.
County Districts	13,637	1,330	3,280	18,247
Poole Excepted Area	6,315	2,637	1,307	10,259
South Dorset Divisional Executive	3,738	1,325	875	5,938
	—	—	—	—
	23,690	5,292	5,462	34,444
	—	—	—	—

The total of 34,444 pupils may be compared with the figure of 33,769 in 1949, 32,598 in 1948 and 30,644 in 1947.

CO-ORDINATION

The first essential of a school health service is the continuous supervision of the health and well-being of the children; the school medical officer must be trained in preventive rather than curative medicine and concerned with the maintenance of health rather than medical treatment. Since the National Health Service came into force most of the curative medicine has been undertaken by the hospitals or general medical practitioners, leaving school medical officers free to concentrate on the prevention of illness. This is effected by detection of slight departures from normal health with the object of preventing established disease at a later date.

The care of the delicate child is one of the most profitable fields of preventive medicine. Slight lung infections following whooping cough and other acute infections can, under adverse conditions, insidiously progress to bronchiectasis or cavitation of the lung, and the child may be permanently disabled or subjected to prolonged hospital observation and finally operation for removal of the infected part. This train of events can be halted if the medical officer realises that there is a residual weakness in the child's chest and takes action through the health visitor to ensure that the child receives adequate rest, and is properly clothed and fed. If the parents are not capable of this, supervision in a residential school for delicate children can be arranged where the child recovers, usually in from three to six months.

The value of the school health service to the community is in direct relationship to the enthusiasm of the individual officers concerned; very little good results if the doctors and health visitors are content to sit in clinics and treat minor ailments and infestations as they arise. They must be constantly on the alert to recognise the early handicap and take steps to prevent deterioration. One drawback to the administrative arrangements under the National Health Service Act is that specialists, appointed by regional hospital boards, may have little interest in preventive aspects of disease. The local education authority takes no part in the selection of a suitable specialist and the consultant clinics are arranged to suit the hospitals and specialists, with the result that the school doctor and health visitor cannot easily attend in order to discuss with the specialist after-care or other special arrangements.

The school health service should, therefore, be more closely linked with the paediatrician, orthopaedic surgeon and other specialists, so that there can be a mutual exchange of knowledge and information on preventive medicine and positive health on the one hand, and clinical technique on the other. This is not to suggest that the school health service should be amalgamated with the hospital boards: it is an integral part of the public health and educational system controlled by democratically elected local authorities. Under their supervision the service has functioned satisfactorily and economically for over forty years.

Medical officers of health have watched with amazement the administrative expansion and increased expenses which have followed on the transfer of the school ophthalmic and other specialist services, while remaining profoundly thankful that they have not to justify the cost or the administration before their own education committees. Faced with rising costs on all sides it is natural that there is an increasing desire on the part of local authorities to pass on as many of the health services as possible to other bodies which are financed from the Treasury. This, however, is a short sighted policy if, as a result, the services are to cost considerably more, or if they are to be administered by medical and lay personnel who have had no experience of organised health services or local government administration prior to July, 1948; and who know nothing of preventive medicine.

The school health service in this country is still regarded as the finest in the world; America has nothing like it, especially in the provisions for the education of handicapped children. This was recognised when an English county medical officer of health was unanimously elected to the chair at the first meeting of the School Health Group of The World Health Organisation at Geneva last summer.

The school medical service, as it was originally called, was inaugurated after the South African war because the physique of young adults was such that they were not fit to fight. In 1914 the number of rejects unfit for military service had already fallen and in 1939 the position had shown a marked improvement. Even then, a large proportion of the militiamen could not march more than a few miles on account of foot troubles, and it is only in the last few years that the boot and shoe trade, under constant pressure by school medical officers, has started to re-organise itself in order to give proper fitting shoes for each size of foot. This is only one example of how the school health service endeavours to improve the physical condition of young adults.

In Dorset, out of the 6 medical officers engaged in the school health service one is over 73, one is 67, another over 60 and two of the remainder are married women with families; the sixth is a comparatively young man making a career in public health. In present circumstances very few properly trained doctors are coming forward to take the place of the older members of the staff who are due to retire or are indeed past retiring age.

MEDICAL INSPECTION

There has been no change in the arrangements for routine medical inspections during the year under review, and all children attending maintained schools are examined in accordance with the provisions of the Education Act, 1944, at the following times:—

- (a) As school entrants at the age of five years;
- (b) During the child's last year in the primary school at the age of ten to eleven years;
- (c) As school leavers. In practice this examination takes place at the age of fourteen to fifteen years as it is not always known which pupils will be remaining at school after the statutory school leaving age.

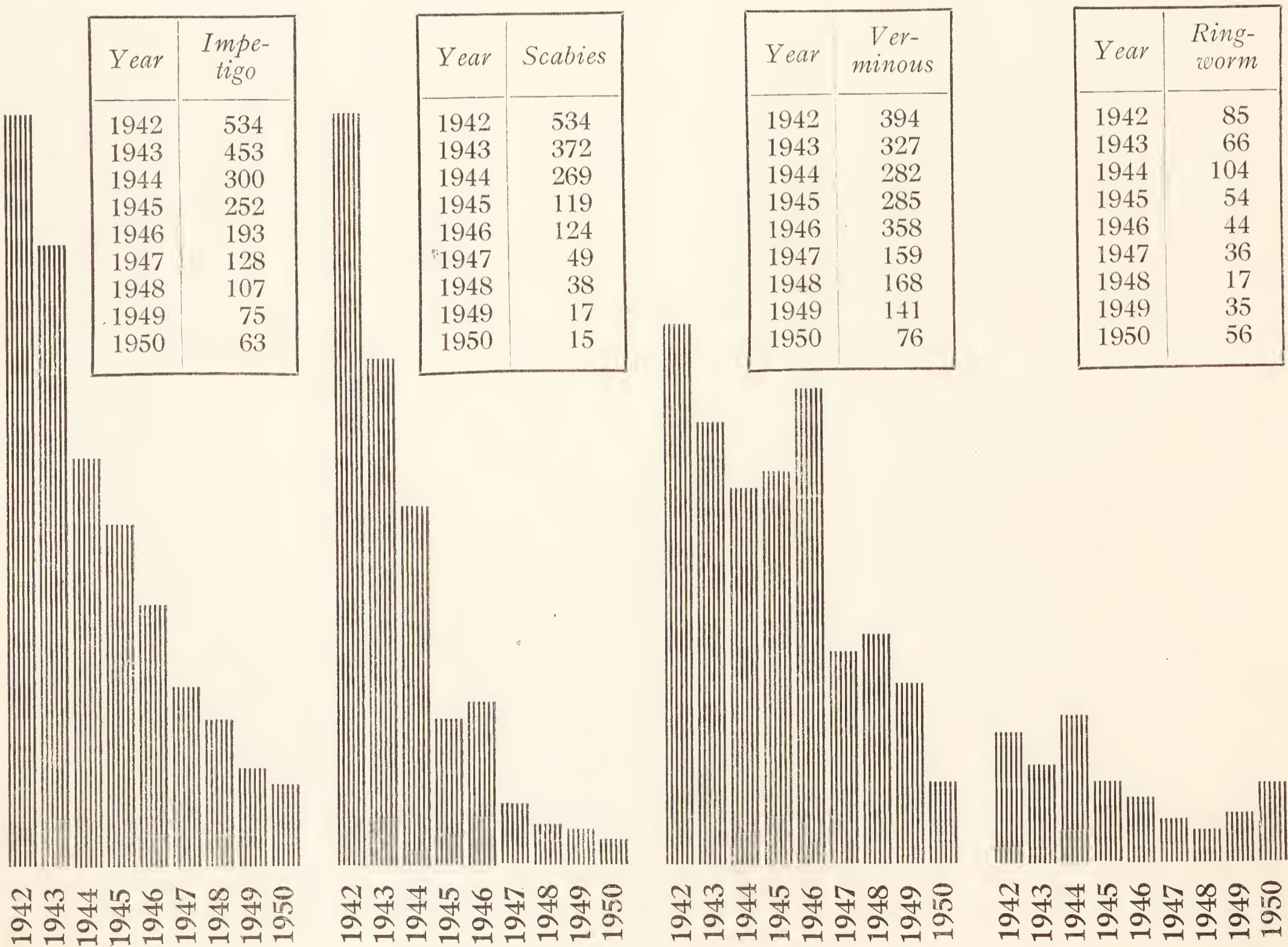
Special inspections of all children found to have defects which require to be kept under observation are also undertaken once or twice a year.

At routine inspections in the scheduled age groups a total of 10,506 children were examined in 1950. In addition, 7,620 children were seen at special inspections, and there were 6,373 re-inspections of children previously noted as being in need of observation.

FINDINGS OF MEDICAL INSPECTION

Uncleanliness.

The incidence of impetigo, scabies, verminous conditions, and ringworm are shown for the last 9 years in the accompanying graph. These infections are a good indication of social conditions and the standard of child care, and the very marked drop of the first three is gratifying. Ringworm still remains a problem, and arrangements are now made when the first case is discovered for the whole school to be examined by Woods'



lamp for diagnostic purposes. Suspected hairs are taken for laboratory examination. In this way it is hoped to locate other infected children and bring the spread of the disease to a halt; it is also necessary to investigate other members of the family not at school. One difficulty in the campaign against ringworm is that the fungus cannot be attacked by any lotion or ointment, as the infection is deep down round the hair roots and epilation by x-rays is necessary. Unfortunately, the nearest hospital treatment clinic is at Southampton, but in spite of travelling difficulties satisfactory arrangements have been made for all cases needing attention.

General Condition.

The recording of the general condition of school children in the categories 'Good', 'Fair', and 'Poor' is a useful index of their general health. Its value is, of course, dependent to a very large extent upon all assistant medical officers who carry out school medical inspections adopting a similar standard of assessment. As it was only in 1947 that this classification replaced the nutritional standard, it is possible that some assistant school medical officers have not yet re-orientated themselves to the new system. Every factor having a bearing on fitness in childhood has to be borne in mind and the assessment is not made on height and weight alone.

Table 2b in the Appendix of this Report shows the number of children examined and classified during the year under review, while a comparison of percentages in each category for 1949 and 1950 is as follows:—

Age Groups.	A (Good)		B (Fair)		C (Poor)	
	1949	1950	1949	1950	1949	1950
	%	%	%	%	%	%
Entrants	54.0	58.98	43.8	39.41	2.2	1.61
Second Age Group	55.8	54.63	42.8	44.19	1.4	1.18
Third Age Group	68.7	58.71	30.3	40.17	1.0	1.12
Other Periodic Inspections ...	36.9	—	61.0	—	2.1	—
TOTAL	58.4	57.38	40.0	41.29	1.6	1.33

A review of the post war years has shown that nutrition is being maintained satisfactorily. Table 2b shows that there has been a 10 per cent drop from (Good) to (Fair) in the third age group, and the possibility that the adolescent schoolchild may not be getting enough protein will be kept in mind during the year. All children taking regular meals at school should be adequately covered as the meat reduction has not been applied to the school meals service.

Nose and Throat conditions.

During the year 428 defects of the nose and throat were found at school medical inspections requiring treatment, compared with 696 in the previous year. Altogether 537 children were kept under observation for nose and throat defects and will be seen at six monthly periods until conditions return to normal or operation becomes necessary. Operative procedure was again curtailed by the increased incidence of poliomyelitis during the summer months.

Respiratory Diseases.

A total of 44 cases of respiratory disease requiring treatment were found during the year. These were mainly cases of bronchitis, bronchiectasis and asthma, some were ascertained as handicapped pupils requiring special educational treatment. Some cases were placed in residential schools, while others remained at ordinary schools with special arrangements. Altogether 138 cases were kept under observation, being chiefly cases of bronchitis and asthma.

Defects of Vision.

At periodic and special inspections 93 cases of squint were found to require treatment and 38 children had squints requiring observation. These cases are dealt with at the orthoptic departments in Hospitals. There were 1,019 cases of defective vision requiring treatment and 265 were kept under observation. A total of 115 cases of external eye disease were also referred for treatment.

Ear Disease and Hearing.

It is not always appreciated that hearing defects may be a cause of failure to learn and result in backwardness at school. Total deafness is usually obvious before the child commences his school life and can in fact be diagnosed before the age of one year, but milder degrees of defective hearing may easily be confused with educational subnormality or mental deficiency. Few handicaps are more difficult to ascertain and treat than a combination of deafness and educational subnormality.

The possibility of deafness should be considered by the teacher in all cases of educational retardation, and the attention of the medical officer directed to any backward pupils at school medical inspections.

In many instances, for example where high frequency deafness is suspected, it will not be possible for a complete diagnosis to be made without full specialist investigation at a hospital with an audiometric unit. The hospital management committees in Dorset have notified me that facilities for such investigations are now available at the Poole General Hospital and at the Dorset County Hospital.

The number of children referred for treatment was 276. In addition, 56 children were kept under observation on account of hearing defects.

INFECTIOUS DISEASE

The exclusion certificates issued to schools in 1948, 1949 and 1950 are given below. It has not been possible to include the Poole Excepted and South Dorset Divisional Executive Areas whose records are not available:—

Disease.	Cases.		
	1948	1949	1950
Chickenpox	379	394	290
Coughs and Colds	117	111	145
Conjunctivitis	19	17	27
German Measles	11	14	12
Influenza	4	95	120
Measles	311	757	416
Mumps	262	926	169
Poliomyelitis	4	12	34
Scarlet Fever	47	39	62
Sore Throats	11	7	8
Whooping Cough	330	230	261
Other Diseases	79	89	92
Impetigo	107	75	63
Ringworm	17	35	56
Scabies	38	17	15
Verminous	168	141	76
TOTALS	1,904	2,959	1,846
Number of Schools affected	148	149	149

The low incidence of infectious disease in school children has been satisfactory in 1950 with the exception of poliomyelitis (34 cases), compared with 4 in 1948 and 12 in 1949. The total number of notifications for this disease in all age groups, after correction, was 111, which was even higher than that in the epidemic year of 1947 (64 cases).

The influenza figures, 4 cases in 1948, 95 in 1949, and 120 in 1950, are interesting. Accurate school exclusion notifications are of great benefit in forecasting epidemics and the probable number of cases which will occur, and they are of value to the public health department when reporting on the course of epidemics to the Ministry of Health. The co-operation of the head teachers throughout the county is greatly appreciated; to them the completion of the return must often be irksome and appear devoid of any useful interpretation or use.

DIPHTHERIA IMMUNISATION

The arrangements for diphtheria immunisation continue unchanged and are very satisfactory as the following figures show. Re-inforcing injections, necessary at five years of age, are carried out in schools at the time of the first routine examination and any children who have missed primary immunisation in infancy are dealt with. There was no case of diphtheria in the school population during 1950 and, indeed, only one case occurred in the whole county, and that an unimmunised visiting adult.

Immunisation against diphtheria is now accepted by the public as a safe and positive protection against this crippling and often fatal disease, which is now taking its place beside typhoid, typhus, cholera and plague as a medical rarity. High hopes were entertained during the last two or three years that an effective vaccine against whooping cough would be available, but unfortunately, this has not yet materialised and the trials to test existing vaccines are not conclusive enough to warrant its use generally.

Out of a school population of 34,444, 31,887 children have been protected by immunisation, mostly before they reach the age of 5 years. Reinforcing injections are being satisfactorily maintained in the school age groups, 3,417 children receiving booster doses during the year.

B.C.G. VACCINATION

Another disappointment in prophylactic measures is the slow progress made against tuberculosis with B.C.G. vaccine in this country. At present it is carried out by chest physicians, but as the problem of active immunisation against tuberculosis is related to the whole population, and to the school age group in particular, it must eventually be organised under the direction of the medical officer of health, with the assistant school medical officer undertaking the technical work of testing immunity and vaccinating susceptibles.

FOLLOWING UP

Defects found at school medical inspections are followed up by health visitors at the child's home until the necessary remedial action has been taken. If hospital treatment is indicated the family doctor is first approached and asked whether he wishes to make the arrangements himself or if this should be done through the school health service. The co-operation between the family doctor and the school service has been good, although it is felt that the general practitioner could sometimes reciprocate by giving information to the school medical officer. At present reports go in one direction only, and important details concerning operations, injuries and disease are often missing when the time comes to advise the parent and youth employment officer on the type of occupation suitable for the child to follow. The keenness and ability of our health visitors in follow-up work is greatly appreciated. They dealt with 1,114 cases during the year and they must realise that few people know of the importance or the benefits which result from this laborious and often thankless task.

MEDICAL TREATMENT

Information concerning medical treatment and hospital discharges is still not being made available by hospitals for all relevant cases. As mentioned in the section dealing with 'following-up' this increases the difficulties of health visitors in carrying out after-care, and in arranging to bring forward handicapped pupils for special education.

Minor Ailments.

The treatment of minor ailments is linked with preventive medicine. Minor sores and skin diseases, colds and coughs and infestations must be dealt with promptly, both for the individual's benefit and to prevent spread to others. Under the present arrangements minor ailments are dealt with either through the school health service or by practitioners on the Executive Council lists. The difficulties are that although the assistant school medical officer has skilled help for dressings, etc., the premises are often inadequate, while the general practitioner has often no nursing help and is too busy to do minor dressings personally. The proper place for minor ailment treatment is in an equipped health centre, either under the direction of the general practitioner or school medical officer.

The minor ailments clinics provided in the county are as follows:—

Centre.	Address.	Open on.	Times.	Doctor in attendance.
Blandford	Salisbury Street	As required		No.
Dorchester	County Clinic, Glyde Path Road	Tuesday Thursday	2 p.m. 10 a.m.	On call. On call.
Poole	67, Market Street Shillito Road Broadstone Women's Institute Hamworthy School Henry Harbin School Kemp Welch School Herbert Carter School	Daily Daily Thursday Tuesday and Friday Thursday Monday and Friday Tuesday and Friday	9 a.m. 9 a.m. 9 a.m. 9 a.m.	Mon. and Thurs. Tues. and Fri. Thursday. Tuesday. Thursday.
Portland	Underhill Infant Welfare Clinic, Fortuneswell Methodist Hall Tophill J.M. School	Tuesday	2 p.m.	No.
Shaftesbury	Minor Ailments Clinic, Secondary Modern School	Monday	9 a.m.	Monday.
Weymouth	Health Centre, Westham Road Wyke Regis School W.I. Hall, Gallwey Road, Wyke Regis Broadwey Secondary Modern School	Monday to Friday Daily (except Wednesdays) Wednesday Monday	9 a.m. 2 p.m. 2 p.m. 2 p.m.	Daily. No. Yes. Monday.

Defects of Nose and Throat.

A total of 428 children were found to require treatment for unhealthy tonsils and adenoids during the year, a decrease on 1949 when 696 cases were noted. It is not known how many children had treatment arranged by the family doctor. In 1949, altogether 430 cases were reported from hospitals, while in 1950 a total of 823 cases were reported as having had operative treatment; either there has been a large increase in the number of ear, nose and throat operations at hospitals or the figures for 1949 notified by them were not complete. As far as can be ascertained there are not long hospital waiting lists in Dorset, and the position is much more favourable than in many other parts of the country.

Tuberculosis.

There has been an increase in tuberculosis in this country during the past few years and it is now one of the most important problems in preventive medicine, some aspects of which particularly affect the school age group. There are three main methods of attack on the disease: early detection and treatment before the individual becomes infective to others; segregation of infectious people in sanatoria and finally, the raising of resistance to the disease by vaccination, to which I have referred earlier in this Report.

Mass radiography is the most important factor in the early detection of the disease, and full use is being made of it to examine school leavers for signs of early tuberculosis.

Ear Diseases and Defects.

Specialists are available both in West and East Dorset and to them all ear conditions are referred. The full reports received from the specialists are especially valuable where consideration is being given to the provision of speech therapy in children whose speech is defective on account of some degree of deafness.

So far as deafness is concerned, audiometric examinations can now be undertaken and will be of great value in differentiating between certain degrees of deafness and educational subnormality, thus assisting the school medical officer in his decision regarding the type of schooling required for such children.

Dental Treatment.

The Senior Dental Officer, Mr. P. J. Pretty, reports on the work of the dental officers in the county as follows:—

'It is now over two years since the implementation of the National Health Service Act, during which time there has been a marked deterioration in the facilities provided for the dental inspection and treatment of school children, owing to the difficulty experienced in replacing dental officers who have left the service. School children, together with expectant and nursing mothers and children under five years of age, constitute a priority class for dental treatment, but this service has not yet been placed on a sound basis, although negotiations in regard to dental officers' salaries have been proceeding since June, 1950. Meanwhile the position becomes worse, as can be seen from the following figures. Of the whole school population of 34,444 only 11,706 were inspected compared with 13,836 in the previous year; to maintain an efficient service each child should be inspected and, if necessary, offered treatment at least once every year.'

'Dorset can claim to be the first local authority in the country to establish a school dental service in a rural area as long ago as 1911. Even earlier reference was made to dental inspection by the school medical officer in his report for 1909. Extensive dental disease was found in children during their routine medical inspection, and also by a Dorset County Hospital Dental Surgeon who carried out an inspection at two schools, one in a town and the other a country school. No treatment was given, but through the kindness of a manager of one infants' school a supply of toothbrushes was obtained which were sold to the children at a penny each. Thirty-seven of the seventy-four children purchased them and carried out toothbrush drill twice a week for ten minutes on each occasion; only two children of the seventy-four previously had toothbrushes. This toothbrush drill was extended to other schools where arrangements were made for the supply of toothbrushes at cost price. This may be considered the birth of the school dental service.'

'The first dental surgeon was appointed on January 10th, 1911, for a period of three months to carry out inspection and treatment at schools in the Bridport area. The cost of this scheme was paid for by the generosity of two private donors who established a "Dental Treatment Fund" of £350, which included an estimated cost of £78 for the remuneration of the dental surgeon. His appointment was eventually extended until December 18th, when he relinquished it to go into private practice.'

'The scheme was so successful that it was decided to appoint another dental surgeon, but owing to lack of funds no appointment was made until 1913. Treatment was continued throughout the county for a number of years by one dental surgeon, and it was not until 1929 that the staff was increased to two. A further increase to three was made in 1936, and a senior dental officer was appointed for the first time in 1937, bringing the total number of dental surgeons to four.'

'During these years the work was carried out single-handed by the dental surgeons except during gas extraction sessions, when an anaesthetist and a health visitor or district nurse assisted. This was really a false economy as many duties, such as sterilizing instruments, mixing fillings, packing and unpacking equipment, clerical work, etc., can be undertaken by persons who need only a comparatively short training. Consequently in 1945, dental attendants were appointed to assist the dental officers, since when it has been proved conclusively that these ancillary workers are beneficial to the efficiency of the service.'

'The establishment was again increased and at the end of 1948 six dental officers were employed in the county area, three in Poole and one in Weymouth. There was subsequently a further increase in establishment of one dentist in the county area and one in Weymouth, making a total of twelve, but owing to resignations received during 1949 the actual number employed at the end of 1949 was four. Two appointments were made and one resignation was received, which will become effective after the end of the year. It has not been possible, however, to obtain applications for the other vacancies which exist.'

'It is regrettable that after some forty years of steady progress the scheme should almost completely collapse within a few months, and even if the full number of dental officers could be appointed immediately, it would take an appreciable time before all schools could be visited regularly owing to the considerable amount of work, some of it irreparable, which has accumulated during the last two years.'

— 'Orthodontic treatment is undertaken by the school dental officers at the Dorchester and Poole clinics. It is not practicable for this work to be carried out in the rural areas with such a small staff owing to the comparatively frequent visits which would have to be made in many cases over a long period, and patients found to require this kind of treatment are referred to the general dental service. Children in the eastern part of the county may now be referred to an orthodontic specialist who is employed by the Bournemouth and East Dorset Hospital Management Committee. Since this appointment has been made it is possible for more children to be treated as, previously, some who were referred were unable to obtain treatment from the already overworked general dental service.'

'The oral hygienist, who was working on a part-time basis, is now employed full time. Her work consists of scaling and polishing teeth and giving instruction in hygiene of the mouth, but while this treatment is of valuable assistance to the service it cannot compensate for the shortage of dental officers.'

'There has been no full-time dental officer during the year under review in the South Dorset Divisional Executive Area where there are approximately 6,000 school children, and the only service it has been possible to offer to them is approximately one weekly session when a local practitioner attends to carry out emergency extractions.

Orthopaedic Treatment.

The school ophthalmic service is now carried out in West Dorset by the Hospital Management Committee and the waiting list for glasses appears to have been considerably shortened. In East Dorset arrangements are still made with the supplementary ophthalmic service, and it is hoped that this very expensive arrangement can soon be terminated by the Bournemouth and East Dorset Hospital Management Committee taking over the Service. Children can still obtain glasses under the supplementary ophthalmic service by going to their own family doctor, and they occasionally do this even after glasses have been pronounced unnecessary by the hospital eye service. A check is, therefore, necessary between the Hospital Management Committee and Executive Council for each individual school child in order to prevent duplication, and this has been arranged. During the year 1,755 cases for refraction were discovered at routine inspections, glasses were prescribed for 1,017 cases and 939 pairs were supplied.

The eye service for both adults and children now costs the country £24 million per annum of which probably £4 million is expended on the treatment of school children. This is half the cost of the whole school medical inspection and treatment for the year 1947/48 when the cost of all types of hospital treatment for children attending maintained schools fell on the local education authorities.

Orthopaedic Treatment.

Orthopaedic cases can be divided into two general groups. There are the severe types requiring hospital treatment and prolonged observation, and arrangements have to be made for many of these handicapped children to be admitted to long-stay orthopaedic hospital schools where education can be continued during the illness. This side of the orthopaedic service is functioning well, and the difficulties in getting children placed are gradually disappearing as the new schools for physically handicapped children are opened.

The second group are all those early remedial deformities which, in the past, were seen by the orthopaedic specialist at the local education authority clinic. The specialist gave advice, directions, and encouragement to all in need, and a very marked improvement and cure was the usual result. Unfortunately, there is a tendency among younger orthopaedic surgeons to be critical of the value of remedial exercise, and these clinics are now carrying on without much help from them. The orthopaedic nurse has resigned and there is now no expert routine follow-up of orthopaedic cases in the home when splints and calipers can be adjusted, shoe wedging inspected, and advice given to the mother without the necessity of these children travelling to hospital.

Remedial Exercises.

The following report has been prepared for the year by Miss Sebestyen, Remedial Exercises Organiser:—

'Remedial Centres.'

'During the year centres were established at the following places:—Bridport, Beaminster, Lyme Regis, Sherborne, Gillingham, Verwood.'

'School Classes.'

'These continue with the keen co-operation of the teachers, who are conscientious in the work. They will do even better if more encouragement is given by assistant school medical officers when visiting schools, and teachers will also feel it more worth while if children are allowed to remain long enough in the remedial class to obtain benefit. Orthopaedic cases often require years of careful supervision and the same applies to the child with a postural defect; improvement may only be maintained if treatment is prolonged.'

'Special Breathing Exercises.'

'Facilities are available for asthmatic children at Dorchester and Poole. It may be possible to extend the facilities at a later date if sufficient cases warrant it.'

'Residential Course.'

'A residential course lasting one week was provided at Swanage, the first of its kind to be held in the county, and was attended by thirty teachers during their half-term holiday. The course was mainly for teachers who had received previous training, and had taken classes in their own schools. The time table included anatomy lectures and lectures by qualified specialists on all aspects of remedial work; demonstration classes were given by Swanage children. This course proved very successful and great interest and enthusiasm was shown.'

'Day Course.'

'A day refresher course was held at Wareham Secondary Modern School for county remedial teachers and was attended by sixty-six people. Demonstrations were given by pupils of Blandford Infants' School and a demonstration of agility apparatus by pupils of Wareham Junior School. Breathing exercises were discussed and a lecture given on posture.'

'Remedial Conference.'

'A Conference organised by the Ling Physical Education Association was held in London from 2nd to 4th January, in co-operation with school medical officers. Demonstrations of remedial work were given by counties and local education authorities. An exhibition of photographs and drawings was arranged and some of the Dorset teachers assisted in this work.'

Speech Therapy.

In 1947 the first survey of speech defectives in Dorset school children was made and it was observed that the average number of children needing speech therapy was little under the national average of two per cent. As the re-education of a child with defective speech is necessarily slow it was clear that more than one speech therapist would be needed, and an additional appointment was, therefore, made in February, 1950. Early in the year the number of sessions was increased at several of the clinics, and new centres were opened in areas which had not formerly been served. In Blandford, Poole and Weymouth the number of sessions were doubled and new clinics opened at Hamworthy, Swanage, Wimborne Minster and Lyme Regis. In all, speech therapy facilities are now available at twelve centres and attendances have been satisfactory, though in the Blandford area transport is a problem.

There are still several areas in the county which are not adequately served, particularly at Gillingham and Sturminster Newton which are at present centred on Shaftesbury; Beaminster and Broadwindsor which centre on Bridport; Wimborne St. Giles and Cranborne covered by the Wimborne clinic; and Sixpenny Handley from where the children have great difficulty in attending at Blandford.

A further survey was carried out during March, 1950, with the following results:—

Wimborne Area.

Children seen—152.

Children needing treatment	...	...	...	...	76
Children to be reviewed in 6 months to 1 year	...	...	...	...	29
Cases where no treatment is necessary	...	...	...	...	47
<hr/>					
152					

Two schools still to be examined.

Swanage Area.

Children seen—72.

Children needing treatment	...	...	...	...	28
Children to be reviewed in 6 months to 1 year	...	...	...	...	22
Cases where no treatment is necessary	...	...	...	...	22
<hr/>					
72					

Wareham Area.

Children seen—52.

Children needing treatment	...	...	...	...	17
Children to be reviewed in 6 months to 1 year	...	...	...	...	13
Cases where no treatment is necessary	...	...	...	...	22
<hr/>					
52					

Four schools still to be examined.

Poole Area.

Children seen—374.

Children needing treatment ...	...	...	...	197
Children to be reviewed in 6 months to 1 year ...	...	...	...	53
Cases where no treatment is necessary ...	...	...	...	124
				374

One school still to be examined.

Blandford Area.

Children seen—115.

Children needing treatment ...	...	...	...	50
Children to be reviewed in 6 months to 1 year ...	...	...	...	34
Cases where no treatment is necessary ...	...	...	...	31
				115

One school still to be examined.

Total.

Children seen—765.

Children needing treatment ...	...	...	...	368
Children to be reviewed in 6 months to 1 year ...	...	...	...	151
No treatment necessary or referred elsewhere ...	...	...	...	246
				765

OPEN AIR EDUCATION

The new schools now being built are designed on open air lines and with the milk and meals service available to all school children, the old 'open air school' to which delicate children were sent is now becoming redundant. Children in Dorset who require residential care in an open air school are placed at other authorities' schools and this arrangement is working quite satisfactorily. A short stay in a residential school is sufficient to make a marked improvement in physical fitness and mental capacity.

There are two camp schools in the county. At Carey, near Wareham, there are facilities for training scholars in the art of camping. After one or two visits to the camps they become expert, and can go on to Blashenwell Camp where they take part in more advanced camping without any standing facilities such as cookhouses, etc. These camps are of very great educational value, and during 1950, 1,798 school children were under canvas.

CO-OPERATION OF PARENTS

It is a pleasure to record that quite a number of parents willingly attend the routine medical examination of their children. Their attendance is particularly valuable where the younger children, the entrants and intermediate groups, are concerned as frequently the parent has to be depended upon for reliable information regarding the child's previous history.

The keenness of parents to discuss the condition of their children with the medical officer reveals their appreciation of the value of school medical inspections, and few nowadays object to whatever necessary treatment is recommended.

Although in the past children were occasionally referred, with their parents' consent, direct to specialists, the future policy is that parents will be advised to consult their private practitioner.

CO-OPERATION OF TEACHERS

It gives me much pleasure to record my appreciation of the co-operation and assistance received from the teachers in supervising the health of the children. The teaching staff have an important part to play in the arrangements for school medical inspections, particularly in bringing forward pupils who have not been progressing satisfactorily at school. This may be due to physical reasons and each child who is not making average progress should be seen by the school medical officer. The teachers can also be a great help to the medical officer at the actual inspection by ensuring a smooth organisation, and arranging that the children are ready for examination when required. These arrangements function most smoothly in the new schools where separate medical inspection rooms are provided. This facility is a considerable help to the medical officer in his examination, and it also ensures that there shall be little disturbance to the ordinary school routine. In the smaller schools, although the medical officers try to avoid disturbing the school routine, some dislocation is certain to occur.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS

Close co-operation has always been maintained between the school health department and the special services department which receives the reports of the school attendance officers. Instances of prolonged absence from school and cases of illness, physical or mental, are discovered by the school attendance officers in the course of their duties and are duly reported. Where a medical question is involved the case is investigated by the school health department. Since the introduction of the National Health Service Act, school attendance officers have found their work complicated by the fact that medical practitioners need not give certificates of unfitness to attend school unless the parents are in danger of prosecution. Frequently the assistance of my department is requested and difficulties cleared up by consultation with private practitioners.

CO-OPERATION WITH GENERAL PRACTITIONERS

It is pleasing to record that co-operation with general practitioners is still improving and when information is required doctors respond with most useful case reports. Unfortunately, these reports have usually to be asked for, very few arising spontaneously and it is thought that there should be more free exchange of information on both sides. Doctors are beginning to realise that the school health service can help in several ways; for example, there are speech therapy, child guidance, remedial exercises and other specialised clinic services, quite apart from the most necessary provision of special residential schooling for delicate and other handicapped children.

If the general practitioner referred all cases which would benefit from any of these services, some children would commence treatment or special education at a much earlier date, as otherwise they would have to wait until referred by head teacher or after routine medical inspection by the school doctor.

As far as hospital treatment of school children is concerned cases are still referred to the general practitioner who usually requests that the arrangements should be made by the school health service, and he is subsequently kept fully informed of events.

CO-OPERATION OF VOLUNTARY BODIES

Various voluntary organisations render valuable help and co-operate fully in certain aspects of the work of the school health service.

In occasional instances, despite every effort by the school medical staff, parents are unwilling to have essential urgent treatment carried out, and where this may cause unnecessary suffering to a child, or be a source of danger to health, the N.S.P.C.C. is often successful where other efforts have failed. The Society is particularly helpful in cases of child neglect. The N.S.P.C.C. can take legal action if necessary, but is frequently successful in securing improved conditions for children without recourse to law.

The National Association for the Blind is of great assistance to children handicapped in this category. The facilities for care and after-care provided by the County Council under Section 28 of the National Health Service Act, with the assistance of the British Red Cross Society, are also available to school children.

PROVISION OF MILK AND MEALS

Provision of Milk.

At the commencement of the year there were 259 schools receiving milk under the milk in schools scheme and the grades of milk supplied were as follows:—

Pasteurised	...	...	174
Tuberculin Tested	...	...	70
Accredited	...	...	7
Non-designated	...	...	8
<hr/>			*259
<hr/>			

During the year efforts were continued to improve the grade of milk to those schools which were not receiving either pasteurised or tuberculin tested milk. The main difficulty was, however, the distance to be travelled by a supplier in relation to the quantity of milk required at the school, which was often insufficient to cover the cost of transport. Nevertheless, at the end of the year, the position was as follows:—

Pasteurised	...	...	183
Tuberculin Tested	...	...	71
Accredited	...	...	1
Non-designated	...	...	2
<hr/>			*257
<hr/>			

* Two schools closed.

There is every hope that the two schools receiving a non-designated milk will receive a pasteurised or tuberculin tested supply at the commencement of the new year.

As a check on the bacteriological quality of the milk supplied to schools, samples are obtained at least three times during a term, and the following table gives the number and results of samples of school milk submitted to the laboratory for examination during the year. The figures do not include sampling carried out at schools within the Borough of Poole, this work being undertaken by the sanitary inspectors in the Borough, working under the direction of the school medical officer to the Excepted District:—

Number of schools from which samples were obtained	...	...	229
Total number of samples taken during year ...	...	...	2,213

Laboratory Results.

Pasteurised.		Tuberculin Tested.		Accredited.		Non-designated.		Total number of samples.
Pass.	Fail.	Pass.	Fail.	Pass.	Fail.	Pass.	Fail.	
1,309	64	696	60	36	1	44	3	2,213

In addition to the submission of samples of milk for bacteriological examination, samples are also obtained from time to time from schools receiving other than pasteurised milk for submission for biological examination for tubercle bacilli. During the year 38 such samples were submitted for examination and it is gratifying to note that all the samples proved negative.

In connection with the supply of milk to schools, another feature of the work undertaken by the county sanitary and sampling officers is that of ensuring that bottles and containers for the supply of milk to schools are efficiently cleansed at the dairy, and for this purpose rinses of bottles and of bulk containers are frequently obtained and submitted for bacteriological examination. By this means it is possible to keep the supplier informed of the condition of the utensils used in connection with the supply of milk to schools.

From the foregoing it will be seen that everything possible is being done to ensure that the school child receives milk which is not only of good compositional quality, but is also bacteriologically safe.

Provision of Meals.

During the year the school meals service continued to expand, with the result that at the end of December there were only three schools not receiving meals out of a total of 260. Nine new canteens were opened and ten schools were provided with new washing-up facilities. Many of the schools are supplied from a central kitchen, the food being packed and transported in insulated containers.

An average daily number of 19,203 meals were served representing 56.2 per cent of the school population. When consideration is given to the large number of meals which have to be prepared and distributed, it is satisfactory to be able to report that not one case of food poisoning occurred during the year which could be directly attributed to a school meal. This is an excellent indication that great care is taken to ensure that meals are prepared under hygienic conditions.

There is a close liaison with the Education Department and any queries regarding the fitness of food-stuffs for human consumption are referred to the County Sanitary Officer for attention. Information received from the Education Department regarding outbreaks of sickness amongst school children, which are believed to be due to consumption of school meals, are immediately passed to the County Medical Officer in order that investigations can be instituted without delay.

HEALTH EDUCATION

It is important that health education should be taught in schools. The main instruction should come from the teacher, but health visitors and school doctors should also help. The latter need not give formal lectures or give talks, but a great deal of knowledge can be inculcated at medical inspections and at other times when these officers are visiting schools. More frequent meetings between the medical and teaching staffs on a social basis would help considerably when opportunity could be taken for the exchange of ideas on the subject.

Health education touches on many school subjects; it is closely related to biology, science, domestic science, history and geography, and it can be successfully taught without appearing on the syllabus as a separate subject.

PHYSICAL EDUCATION

The County Physical Training Organisers, Miss H. Grimwood and Mr. J. Hayfield, report as follows:—

'General.

'Most of the schools throughout the county now have playgrounds with a good tarmac surface, many of them for the first time. In Primary Schools this factor alone has enabled the daily periods of physical training to be held with greater regularity, particularly during the winter period.

'Clothing and Footwear.

'The Committee have continued to make plimsolls and a suitable change of clothing available where required, and the stage has been reached where plimsolls are generally available and changing is becoming an established feature.

'Apparatus.

'The provision of large improvised apparatus in Primary Schools has been continued. There are many varieties in use, e.g. climbing frames of the "jungle gym" type, climbing ropes, bars for hanging, scrambling nets and ladders. This apparatus makes many valuable activities possible and gives greater interest to the work.

'Swimming.

'There is no enclosed bath in the whole of Dorset and the opportunities for a successful year depend on good weather. The weather was unkind during 1950 to school swimming and a further restriction was imposed by the public open-air baths at Blandford and Shaftesbury being out of commission. The numbers of those attending were satisfactory in the circumstances, but fewer than in 1949.

'Storage.

'A solution to the problem of the storage of clothing, plimsolls and apparatus has been solved in some schools by the provision of shelves, boxes, cupboards, lockers and even separate stores, but there are still all too many schools where the problem remains. Wherever possible, improvisation is encouraged.

'Out of School Activities.

'The Dorset Schools Sports Association continued to increase their activities, and there have been great developments, particularly in Athletics and Boxing for boys, and in Netball for girls.

'Playing Fields.

'Some progress has been made in the provision of playing field facilities for schools. Wherever possible suitable areas are acquired or rented for this purpose, and at a few schools the necessary development of the playing field areas has been put in hand by the Committee.'

HANDICAPPED CHILDREN

The successful ascertainment and placement of handicapped pupils is a most important aspect of the school health service, and one which requires a prolonged study of the problems involved and a knowledge of educational principles, as well as medical ones. Many children are retained in the handicapped pupils register who are, in fact, not handicapped within the meaning of the Handicapped Pupils and School Health Service Regulations, 1945; they are medical cases requiring medical treatment and not special education. Again, there are children not on the register who would benefit greatly by special education for some physical or mental defect. The scrutinisation of the register, therefore, and the review of defects in school children must be persistently and carefully carried out in the closest collaboration with the education department.

The full investigation of cases will also bring the school doctor into close contact with the family doctor on such problems as the treatment and stabilisation of epilepsy, the control of diabetes, the suitable placing of the delicate, and the management of the maladjusted where home conditions and influences are at fault. The school medical officer must co-ordinate all the relevant facts and decide on the general management of the handicapped child, both at school and later when he enters industry. If the Handicapped Pupils Regulations, 1945, are intelligently interpreted to the advantage of the child, it should be possible for all but the most severe cases to be employable or fit for further training at the age of sixteen years.

Blind Pupils.

Blind children suffer educational handicaps originating in the difficulty and slowness they experience in learning to read without the aid of sight.

In addition to their special needs in learning to read and write, blind children have special needs in physical education, and in vocational training their needs and interests differ from those of sighted children. It is unfortunately a popular error to regard schools for the blind as institutions where basket making, knitting, boot repairing and piano tuning are taught. The needs and interests of the blind are as varied as those of the sighted and their education must be based upon this. During the year no blind children were ascertained but two, who had been previously ascertained, were placed in special schools. There is no waiting list for these cases and special educational facilities are adequate for these cases.

Partially Sighted.

No children were ascertained in this category during the year. The number of places in the country for partially sighted children is still below requirements, and more schools are urgently needed as the severe types, chiefly those suffering from high degrees of myopia, can only be taught properly in special schools.

Deaf.

Only two further cases were ascertained during the year and four deaf children were placed in special schools. There is now no waiting list for these children.

Partially Deaf.

This category includes all children with defects of hearing, except those in the category of deaf pupils who are in any way handicapped in their progress in ordinary school by their defect. Their disability is not grave enough to prevent the acquisition of language through the ear as normal children do and although their articulation may be faulty, their vocabulary limited, and their speech ungrammatical, they can be taught, if necessary with a hearing aid to assist them to hear the voice of the teacher. There are certainly, however, other partially deaf children who have not yet been detected and who may be regarded as backward, at least in reading if not in the other main subjects. These children can progress very well in ordinary school once the underlying reason for lack of progress is known and their detection should always be in the minds of teachers, school nurses and doctors. During the year 3 partially deaf children were ascertained.

Delicate.

This category comprises those pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal régime of an ordinary school. The most common defects in children, ascertained as delicate pupils, are asthma, anaemia, malnutrition, and congenital cardiac lesions. There are 30 such pupils in the county; 7 are at special schools and 5 are awaiting admission, whilst in 6 cases the parents refuse to allow the child to go to a special school. Twelve attend ordinary school where they are allowed special privileges, such as long rest periods, lying down, or being excused drill or games.

Diabetic.

There is still only 1 diabetic pupil on the records of the Education Authority and he is at a special school for delicate children.

Educationally Subnormal.

The number of pupils ascertained in this group who require special educational treatment is now 430. There is a great deal of talk about the size of the problem of making arrangements for educating them, but it is felt that a large percentage of retarded children can be dealt with in the ordinary classes, especially if teachers are given some guidance and help by an educational psychologist. It is understood that this matter is receiving the attention of Mr. Taylor, the Educational Psychologist, who is meeting the teachers to discuss the problem and help them retain a number of these children in ordinary schools where they will be given an education comparable with their mental ability.

Children who are both maladjusted and educationally subnormal are frequently very difficult to manage in school, and Clyffe House should be particularly useful to the type who responds well in the disciplined and regulated atmosphere of a residential school.

Epileptic.

When under proper medical supervision and treatment the majority of children suffering from epilepsy are able to attend ordinary schools and participate in normal school activities. In order that such a child may be put at ease, the school should be visited by an assistant school medical officer to advise teachers about the child and stress the importance of not making a fuss should the child have a fit.

There are only 6 epileptic pupils ascertained as handicapped, of whom 4 are in a special school for epileptics and 2 are at ordinary school.

Maladjusted.

There are now twelve pupils at 'Penwithen', the total number ascertained being 42.

This category embraces those pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment.

Dr. G. F. Andrews, the psychiatrist at Boscombe Hospital, who in March agreed as a temporary measure to take one child guidance session a week, continued to take clinics at Poole until the end of the year when he felt that, as the newly appointed psychiatrist would soon be starting work, it would be better not to deal with any new cases. During the year, Dr. Andrews held 38 sessions at Poole, gave 145 interviews, and saw a total of 47 children. Between October and December the educational psychologist and psychiatric social worker held 29 clinic sessions throughout the county, i.e. in Dorchester, Weymouth, Bridport, Blandford and Shaftesbury; and in addition, the educational psychologist visited schools to test children and to advise the teachers. The psychiatric social worker paid visits to the homes of children and interviewed the parents.

Children seen at the child guidance clinics have usually been referred either through the schools or through their private doctors; a certain number are referred by the Courts and probation officers, and a few parents apply on their own initiative for help and advice. The problems for which help is sought range from backwardness and learning difficulties to nervous habits and behaviour anomalies, and to actual delinquencies; but the presenting symptoms which have brought the child to the notice of the clinic are often found, on investigation, to be only one aspect of a deeper disturbance of personality and of social adjustment.

Treatment at fortnightly or monthly clinics unfortunately often means longer gaps between interviews than is really desirable; it is sometimes possible for contact to be maintained by visits to the homes between

appointments, but it is hoped that when a full team is working together the intervals will not need to be so long. The lack of suitable premises for child guidance work remains a handicap; an urgent need is for a permanent place where equipment for play therapy can be kept and used.

Since December there has been available the opportunity of residential treatment at the new hostel for maladjusted children at 'Penwithen'. This is of great value in cases where the cause of maladjustment is felt to be in the homes, and especially in unsatisfactory family relationships and attitudes; it gives the opportunity for observation of the child's reactions in a stable environment and also for work aimed at modifying the attitudes within the family to which the child much return.

Physically Handicapped.

Children who by reason of serious and prolonged disease or crippling defects cannot be satisfactorily educated in an ordinary school are included in this category. The majority of these pupils suffer from orthopaedic conditions entailing a long stay in hospital and their education is catered for by means of special hospital schools where, although the hospital is the responsibility of the regional hospital board the school comes under the control of the education authority. Towards the end of 1949 it was possible to establish one such school in Dorset at the Swanage Children's Hospital and this school is now available for long-stay cases.

By the end of the year a total of 34 pupils had been ascertained to be physically handicapped and of these 19 were in special schools, 5 were awaiting admission to special schools, in 2 cases parents refused to allow the children to go to a special school and 8 are at ordinary school.

Statistics.

Details of handicapped children examined and placed in the various categories during 1950:—

Blind	...	...	...	Nil
Partially Sighted	...	...	...	Nil
Deaf	...	...	...	2
Partially Deaf	...	...	...	3
Delicate	...	...	...	12
Diabetic	...	...	...	Nil
Educationally Subnormal		...	...	123
Epileptic	...	...	...	Nil
Maladjusted	...	...	...	4
Physically Handicapped		...	...	7
Speech Defects	...	...	...	Nil
Multiple Disabilities		...	...	6

CHILD GUIDANCE

It was unfortunate that during 1950 the child guidance service was never completely staffed. Dr. D. Fenton Russell, the psychiatrist, resigned at the end of 1949, the educational psychologist did not take up duty until the 1st August, 1950, and the psychiatric social worker returned from her training course at the end of September. Dr. W. H. Whiles has now been appointed by the Regional Hospital Board as psychiatrist for the child guidance service in Dorset and will take up his duties on the 1st April, 1951.

This is a new service in Dorset and a short account of the history of this service in Britain, which may be of interest, is included:—

Child guidance started in America in 1909 when Healey's interest in children from juvenile courts led to the foundation of the Chicago Psychopathic Clinic, and later the Judge Baker Clinic was opened in Boston in 1915. A series of clinics were then opened in America, and it soon became obvious that social workers were required for work in the home and among the people; that cases should be detected and treated before they came to the juvenile court; and that there were many cases which did not come before the courts at all.

It also became obvious that the earlier treatment was started the better the chances of cure and that facilities for training of personnel to undertake the work were required. In this country, which started comparatively late in the field, a report was issued in 1922 by the National Committee of Mental Hygiene, acting on behalf of the Commonwealth Fund, recommending the establishment of clinics for demonstration and training purposes.

Prior to this the Tavistock Clinic had been established in 1920 by Dr. Crichton Miller, but it had been chiefly concerned with adult psychopathic cases. In 1927 the Jewish Health Organisation opened the East London Clinic, and in 1928 the Commonwealth Fund established the London child guidance clinic under Dr. W. Moodie. This clinic was located finally in Canonbury and here most of the child guidance workers in the country have been trained.

In Scotland Notre Dame Clinic was established in Glasgow and was a pioneer in the field. Birmingham, 1932, Bristol in 1936, Sheffield and Manchester, 1937, followed and the whole movement received a tremendous stimulus on the outbreak of war when all the evacuation problems focussed attention on the subject.

The expansion of the service has since been limited only by the number of trained workers available. Acceptance of this work by local authorities generally marks a great step forward and also demonstrates that the value of the service has been widely recognised in the country. Services of this kind often begin in England after pioneer movements by people of enterprise and a sense of responsibility have proved their worth; they are then taken up and universally adopted by the slow moving and cautious local authorities.

The arrangements under the 1944 Education Act are comprehensive and aim at dealing with all aspects of the problem. In school, the educational psychologist can see the child and advise the teacher on management; he can arrange remedial teaching at home or in school with a view to increasing the child's confidence in his own ability and in severe cases the child may be referred to the child guidance clinic for psychiatric treatment. Often the psychologist can detect early maladjustments and rectify them easily; in fact, observant teachers are often the first to notice when children begin to go wrong and can put them back on the right path with little trouble.

The incidence of maladjustment has been calculated and is about one per cent of registered pupils, the actual definition of a maladjusted pupil being a pupil who shows evidence of emotional instability or psychological disturbance to such a degree as to require special educational treatment.

There is always a cause for maladjustment and the commonest are: bad home conditions, about 50 per cent of cases; backwardness, 20-40 per cent; and, strange as it may seem, superior intelligence. Other causes include friction with the teacher at school, physical defects in the pupil making him look different from others, and over keenness on the part of the parents for their children to succeed in the world. Serious cases will require prolonged treatment by the psychiatrist working in conjunction with the psychologist and the social worker and home conditions may be so bad that removal to a hostel becomes necessary. The Dorset Education Committee have opened Penwithen Hostel where the serious cases with unsatisfactory home conditions can be placed. The treatment of a maladjusted child in a residential hostel is, however, only dealing with the child, and the child guidance teams must ensure that the home conditions are being adjusted at the same time otherwise a great deal, though not all of the good work of the hostel may be wasted.

Money provided for the child guidance service is well spent if it can cure even 10 per cent of maladjusted children and turn them into reliable citizens. The problem family, one of which may cost the nation in the region of £500 per annum, is often founded by a parent who has been maladjusted since his schooldays. If the comparatively low cost of running the child guidance service can effect a reduction in problem families in later life, it is economically a sound service to provide.

During the year ended 30th September, 1950, there were 123 juveniles on probation. A summary of offences committed by juveniles placed on probation shows larceny 82, breaking and entering 15, sexual offences 4, wilful damage 4, sundry offences 16, and 2 for care and protection.

JUVENILE DELINQUENCY

Reports to Juvenile Courts.

Prior to the attendance of children at juvenile courts they are medically examined, and a special report is made giving details of any defects, physical or mental, which are found and any important family history or other details affecting the welfare of the child. During the year 104 such reports were issued in the county. It is with pleasure that I place on record my appreciation of the assistance given to this department by Mr. J. W. Birch, Senior Probation Officer, and his staff. As in previous years, his advice, special reports and ready action, have often been of the greatest help in bringing various problems to a satisfactory conclusion thus preventing the need for formal action in many cases.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

Youth Employment Service.

The County Education Authority assumed responsibility for the provision of a youth employment service, under Section 10 of the Employment and Training Act, 1948, on the 1st January, 1950. Prior to this date the work was undertaken by the Ministry of Labour and National Service, with the exception of Poole where a Juvenile Employment Bureau was set up in 1924. The service is already working in close co-operation

with the school health service, particularly to facilitate the placing of handicapped boys and girls in suitable employment. There are still some administrative arrangements to be completed between the two services and it is hoped to give an extensive report next year, particularly with regard to the placing of handicapped children in suitable employment.

Employment of Children.

Byelaws with respect to the employment of children, and street trading by young persons under the age of 18 years are now in force. They are chiefly concerned with the prohibition of certain employments, such as lather-boy, billiards marker, lift boy, etc., or in connection with the sale of intoxicating liquors, programmes, refreshments, etc., and regulations are laid down as to the hours of employment in allowed occupations. Street trading is prohibited to girls under the age of 18 years and to boys under 16 years and licences are issued to those who are allowed to be engaged or employed in this manner.

HYGIENIC CONDITIONS OF SCHOOLS

Towards the end of the year a comprehensive sanitary survey of all the schools in the county was commenced. Apart from such matters as sanitary accommodation and washing facilities, close attention is to be given to such factors as ventilation and lighting of classrooms and any other items having a bearing upon the health of the school child.

When this survey is completed valuable information will be afforded concerning every school in the county, and it is hoped that when economic conditions permit, it will be possible for the Education Authority to carry out many improvements, particularly in regard to rural schools.

Water Supplies to Schools.

Many of the rural schools obtain supplies of water from wells and springs. Samples obtained and submitted for bacteriological examination have indicated that the water from these sources is, in some cases, unsatisfactory. Head teachers receive instruction in the correct method of treating small quantities of water by hand dosage with chemicals in order to ensure a safe supply of drinking water for the children. The application of the chemicals is simple and effective, and in order to ensure that the treatment is properly carried out samples of the treated water are obtained at frequent intervals and submitted for bacteriological examination. During the year the head teachers of ten schools received instruction in the treatment of water as outlined above.

STATISTICAL APPENDIX
TO THE SCHOOL MEDICAL OFFICER'S REPORT.
YEAR ENDED 31st DECEMBER, 1950.

The figures relate to the whole County.

TABLE I.

Medical Inspection of Pupils attending maintained primary and secondary schools.

A. Periodic Medical Inspections.

Number of inspections in the prescribed groups:—			
Entrants	...	...	3,971
Second age group	...	...	3,677
Third age group	...	...	2,858
		Total ...	10,506
Number of other periodic inspections			
			—
		Grand Total	10,506

B. Other Inspections.

Number of special inspections	...	7,620
Number of re-inspections	...	6,373
	Total ...	13,993

C. Pupils found to require treatment.

<i>Group.</i> (1)	<i>For defective vision (excluding squint).</i> (2)	<i>For any of the other conditions recorded in Table II A.</i> (3)	<i>Total individual pupils.</i> (4)
Entrants	57	672	663
Second Age Group	200	443	584
Third Age Group	144	294	413
Total (prescribed groups)	401	1,409	1,660
Other periodic inspections	—	—	—
Grand Total	401	1,409	1,660

TABLE II.

A. Defects found by Medical Inspection in the year ended 31st December, 1950.

Defect or disease.	Periodic Inspections.			Special Inspections.	
	No. of defects.		Requiring treatment.	Requiring treatment.	No. of defects.
	(1)	(2)			(5)
Skin	...	30	17	256	—
Eyes—(a) Vision	...	401	172	276	56
(b) Squint	...	69	34	24	4
(c) Other	...	61	32	281	5
Ears—(a) Hearing	...	16	17	8	3
(b) Otitis Media	...	11	16	47	3
(c) Other	...	11	13	183	4
Nose or throat	...	224	505	204	32
Speech	...	29	44	30	9
Cervical Glands	...	14	51	35	8
Heart and Circulation	...	16	73	4	7
Lungs	...	39	124	5	14
Developmental:—					
(a) Hernia	...	29	31	1	2
(b) Other	...	12	68	2	13
Orthopaedic:—					
(a) Posture	...	170	75	98	14
(b) Flat foot	...	246	113	108	21
(c) Other	...	363	210	167	58
Nervous System:—					
(a) Epilepsy	...	6	6	—	1
(b) Other	...	4	20	3	2
Psychological:—					
(a) Development	...	15	11	63	7
(b) Stability	...	7	20	24	—
Other	...	68	133	2,495	18

B. *Classification of the general condition of pupils inspected during the year in the age groups.*

Age Groups.	Number of pupils inspected.	A. (Good).		B. (Fair).		C. (Poor).		
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Entrants	...	3,971	2,342	58.98	1,565	39.41	64	1.61
Second Age Groups	...	3,677	2,009	54.63	1,625	44.19	43	1.18
Third Age Groups	...	2,858	1,678	58.71	1,148	40.17	32	1.12
Other periodic inspections	—	—	—	—	—	—	—	—
Total	...	10,506	6,029	57.38	4,338	41.29	139	1.33

TABLE III.
Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	...	...	99,529
(ii)	Total number of individual pupils found to be infested	...	...	...	...	...	...	...	585
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	...	...	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	...	...	—

TABLE IV.
TREATMENT TABLES.

Group I. Diseases of the Skin (excluding uncleanliness, for which see Table III).

		Number of cases treated or under treatment during the year.			
				by the Authority. otherwise.	
Ringworm—	(i) Scalp	...	...	...	2 11
	(ii) Body	...	...	...	10 14
Scabies		...	...	...	29 —
 Impetigo		...	...	...	138 —
Other skin diseases		...	...	...	148 2
		Total	...	...	327 27

Group 2.—Eye Diseases, Defective Vision and Squint.

					Number of cases dealt with.	
					by the Authority.	otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	106	9
Errors of refraction (including squint)	...	...	...	...	1,755	649
Total	...	...	...	...	1,861	658
Number of pupils for whom spectacles were						
(a) Prescribed	...	...	...	...	1,017	347
(b) Obtained	...	...	...	...	939	405
Total	...	...	...	...	1,956	752

Group 3.—Diseases and Defects of Ear, Nose and Throat.

					Number of cases treated.	
					by the Authority.	otherwise.
Received operative treatment						
(a) for diseases of the ear	...	...	...	...	—	64
(b) for adenoids and chronic tonsillitis	...	...	...	...	—	823
(c) for other nose and throat conditions	...	...	...	...	—	24
Received other forms of treatment	...	...	...	...	196	106
Total	...	...	...	...	196	1,017

Group 4.—Orthopaedic and Postural Defects.

a) Number treated as in-patients in hospitals	...	125
(b) Number treated otherwise, e.g. in clinics or out-patient departments	...	284
		301

Group 5.—Child Guidance Treatment.

					Number of cases treated.	
					In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	...	...	...	...	39	2

Group 6.—Speech Therapy.

		<i>Number of cases treated.</i>	
		<i>By the Authority.</i>	<i>Otherwise.</i>
Number of pupils treated by Speech Therapists	...	340	—
<hr/>			
<i>Other Treatment Given.</i>			<i>Number of cases treated.</i>
		<i>By the Authority.</i>	<i>Otherwise.</i>
(a) Miscellaneous minor ailments	...	2,466	182
(b) Other (specify)			
1. In-patients	...	—	609
2. Out-patients	...	—	239
Total	...	2,466	1,030

TABLE V.
Dental Inspection and Treatment.

INDEX

<i>Page</i>	<i>Page</i>			
Blind Pupils	20	Diabetic ... ...	...	21
B.C.G. Vaccination	11	Educationally Subnormal ...	...	21
Child Guidance	22	Epileptic ...	...	21
Co-ordination	7	Maladjusted ...	...	21
Co-operation of Parents ...	16	Physically Handicapped ...	...	22
Co-operation of Teachers ...	17	Statistics for 1950 ...	...	23
Co-operation of School Attendance Officers	17	Hygienic Conditions of Schools ...	...	24
Co-operation with Medical Practitioners ...	17	Infectious Disease ...	...	11
Co-operation of Voluntary Bodies ...	17	Juvenile Delinquency ...	...	23
Dental Treatment	13	Medical Inspection ...	...	8
Diphtheria Immunisation ...	11	Minor Ailments ...	...	11
Defects of Nose and Throat ...	12	Medical Practitioners ...	...	17
Defective Vision	14	Medical Treatment ...	...	11
Deaf Pupils	20	Minor Ailments ...	...	11
Delicate Pupils	21	Nose and Throat Defects ...	...	12
Diabetic Pupils	21	Tuberculosis ...	...	12
Ear Disease and Hearing ...	13	Dental Treatment ...	...	13
Employment of Children ...	23	Ear Disease and Defects ...	...	13
Exclusion Certificates ...	10	Orthopaedic Treatment ...	...	14
Educationally Subnormal Pupils ...	21	Ophthalmic Treatment ...	...	14
Epileptic Pupils	21	Milk ...	...	18
Findings of Medical Inspections ...	8	Meals ...	...	19
Uncleanliness	8	Maladjusted Pupils ...	...	21
General Conditions ...	9	Nutrition Table ...	...	9
Nose and Throat Conditions ...	9	Nose and Throat Defects ...	...	9
Respiratory Disease ...	9	Oral Hygienist ...	...	13
Vision	9	Ophthalmic Treatment ...	...	14
Ear Disease and Hearing ...	10	Orthopaedic Treatment ...	...	14
Following-up	11	Open-Air Education ...	...	16
Foreword	3	Partially Deaf Pupils ...	...	20
General Condition	9	Partially Sighted Pupils ...	...	20
Hearing and Ear Disease ...	10	Population ...	...	6
Health Education	19	Pupils ...	...	6
Handicapped Pupils	20	Provision of Spectacles ...	...	14
Blind	20	Provision of Meals ...	...	19
Partially Sighted ...	20	Parents' Co-operation ...	...	16
Deaf	20	Provision of Milk ...	...	18
Partially Deaf ...	20	Physical Education ...	...	19
Delicate ...	21	Physically Handicapped Pupils ...	...	22

INDEX—*continued.*

	<i>Page</i>		<i>Page</i>
Respiratory Diseases	9	Nutritional classification ...	... 27
Remedial Exercises	14	Infestation with vermin ...	... 27
Ringworm	8	Treatment Tables ...	... 27
Schools	6	Dental inspection and treatment ...	... 29
Scholars	6	Throat and Nose Defects ...	... 9
Staff	4	Tuberculosis ... ...	... 12
Spectacles	14	Teachers ... ...	... 17
Speech Therapy	15	Uncleanliness ...	... 8
School Attendance Officers	17	Vision ... ...	... 14
Statistical Appendix	25	Voluntary Bodies ...	... 17
Periodic Medical Inspection ...	25	Youth Employment Service ...	... 23
Other Inspections ...	25		
Pupils found to require treatment ...	25		
Defects found by medical inspection ...	26		

